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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of

Applicant

Jean-Paul Chollon, et al.

Serial No.

09/657,216

Filed

09/07/2000

Examiner

Gerald J. O'Connor

Group

3627

:

:

Entitled

System and Method for Front End

Business Logic and Validation

Docket No.

: END920000105US1

Mail Stop AF Commissioner For Patents P. O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the following attached correspondence comprising 2 pages:

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1 page

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

1 page

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SHELLEY M BECKSTRAND

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REQUEST

FOR

CONTINUED EXAMINATION (RCE) TRANSMITTAL

> Address to: Commissioner for Patents Mail Stop RCE P. O. Box 1450 Alexandria, VA 22313-1450

Application Number

Filing Date First Named Inventor 09/657,216 7 Sep 2000 Jean-Paul

Chollon 3627

Art Unit

Examiner Name Attorney Docket No.

G. J. O'Connor END920000105US1

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

- SUBMISSION REQUIRED UNDER 37 CFR §1.114
- a. 

  Previously submitted
  - Consider the amendment(s)/reply under 37 CFR §1.116 previously i. filed on 19 Nov 2005.
  - (Any unentered amendment(s) referred to above will be entered.) 11. 🗅 Consider the arguments in the Appeal Brief or Reply Brief
  - previously filed on \*\*\*\*\*\*.
- iii. 🗅 Other b. D Enclosed
  - i. Amendment/Reply
  - Information Disclosure Statement (IDS) i1.
  - iii. 🗆 Affidavit(s)/Declaration(s)
  - iv. Other
- 2. MISCELLANEOUS
- a. 🛭 Suspension of action on the above-identified application is requested under 37 CFR §1/103(c) for a period of \*\* months. (Period of suspension shall not exceed 3 months: Fee under 37 CFR §1.17(i) required).
- ъ. 🗅 Other
- FEES
- a. 🔳 The Director is hereby authorized to charge the following fees, or credit any overpayments, to IBM Corporation Deposit Account No. 09-0457
  - ii.

RCE fee required under 37 CFR §1.17(e) Extension of time fee (37 CFR \$\$1.136 and 1.17)

- iii. O Other
- ъ. 🔾 c. 🗖

Check in the amount of \$ enclosed

Payment by credit card (Form PTO-2038 enclosed)

Signature Name

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Date 8 D SHELLEY M/BECKSTRAND

8 Dec 2005 Registration No.

CERTIFICATE OF MAILING OR TRANSMISSION

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Signature Name

Cheller ( Selfstrand) Date

8 DEC 2005

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